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APPLICANTS

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** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 8	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met
☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *RR*

ADDRESS

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TITLE

Wrapping apparatus

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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